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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Rodgers
Title	Quelling System . . .
Art Unit	
Examiner Name	
Attorney Docket Number	04-0556

I hereby appoint:

 Practitioner(s) associated with the Customer Number:

24319

OR

 Practitioner(s) named below:

Name	Registration Number

as my(our) attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

Firm or Individual Name		
Address		
Address		
City	State	Zip
Country		
Telephone		Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Arthur G. Rodgers	Telephone	970-218-1230
Signature	Arthur G. Rodgers	Date	8-2-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.32. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete. Issues concerning the burden of this collection of information, including suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number:	
Filing Date:	24319
First Named Inventor:	Popcorn
Title:	Crunching System . . .
Art Unit:	1600
Examiner Name:	
Attorney Docket Number:	04-0568

I hereby appoint

Practitioner associated with the Customer Number: 24319

OR

Practitioner(s) named below:

Name:	Registration Number:

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<input type="checkbox"/>	firm or Inventor's Name
Address:	
Address:	
City:	State:
Country:	Zip:
Telephone:	Fax:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.7(a). Statement under 37 CFR 3.7(b)(3) is enclosed. Form PTO/SB/08, Revision 1, 04-0568.

SIGNATURE of Applicant or Assignee or Record (if assignee, put name, title and company name in the "Name" space below)

Name:	Mark A. Brashier
Signature:	<i>Mark A. Brashier</i>
Date:	July 22, 2004
Telephone: (703) 205-5512	

NOTE: Signatures of all the members or assignees of record of the entire interest (or their representatives) are required. Please indicate:

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